THE NATURE OF NEURASTHENIA.

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(ABSTRACT.)

THIS study was based on one hundred cases seen in hospital practice, and fifty cases seen in private practice. The chief symptoms were nervousness and weakness—the "irritable weakness" which is considered the essential symptom of neurasthenia. Next in frequency came headache, indigestion, insomnia, and palpitation. Depression, backache and other symptoms were much less common. Neurasthenia was considered to be analogous to chronic fatigue, and to be due primarily to exhaustion of the cells in the brain cortex. Mental depression was not infrequent, but it was usually secondary to the neurasthenic condition or the physiological result of the causes (grief, worry) which had produced the neurasthenia.

Among the morbid fears were, first, those pertaining to the physical welfare of the patient, often based upon physical symptoms, and having a rational basis, although resting upon false premises and ignorance of the significance of these symptoms. In other cases the fears were more of a delusional character, and these cases were not neurasthenia but true hypochondria—a mental state akin in some degree to paranoia. The second class of morbid fears were the so-called phobias—agoraphobia, the dread of insects, snakes, high places, etc. These fears exist in perfectly healthy people, who, under their influence may be thrown into considerable anxiety and distress. In other cases the morbid fears are secondary to certain insistent ideas, as in mysophobia and some cases of the fear of people. These are forms of *folie du dente*. In other forms of *folie du dente* there are insistent ideas with morbid speculation, introspection, doubt, and metaphysical quibbling, but without morbid fears.

These fears and insistent ideas are not uncommon in mild forms in perfectly healthy persons. In the severe forms they exist as independent psychoses; hypochondriasis, the phobo-psychosis, and the phobic and specu-

lative forms of *folie du doute*. These different psychoses may exist independently without any trace of neurasthenia; they are to be found in only a small percentage of neurasthenic cases, which is greater among private patients. When found in neurasthenia these fears and insistent ideas are neither causes nor symptoms of neurasthenia, but indicative of the co existence of another affection.

Dr. **BURT G. WILDER**, in discussing Dr. Knapp's paper, said: I am interested in the instances of fear of a cat. Among the few such cases known to me, is that of a distinguished entomologist, who is made very uncomfortable by the mere presence of a cat even if he does not see it. But he has assured me that his feelings are intensified when the room is carpeted; hence the impression seems physical rather than psychical. A note upon this case may be found in the *Lancet*, Oct. 6, 1866.

Dr. **KNAPP**, in closing the discussion on his paper, said: Of course, many of these morbid fears have their origin in some inherited protective idea. The fear of a height or of snakes certainly has such an origin. I am sure some of us would have a very wholesome fear of the snakes that we saw yesterday if they were loose, while others had a peculiar dread and horror, although they knew that there was no real danger. Many of these fears seem to be constitutional and occur in people who are in other respects of perfectly sound mind. I know of one or two gentlemen who have attained considerable distinction in the scientific world, but could not possibly become entomologists.